

County of Los Angeles – Department of Mental Health
SA 4 Program Administration
SA 4
CHILD AND ADULT
INTEGRATED QUALITY IMPROVEMENT COMMITTEE

Agenda

November 15, 2011
10:30 AM – 12:00 PM

I.	Welcome & Introductions	10:30 AM
II.	Review of the Minutes- October Meeting	
III.	Announcement	
IV.	QI	
	▪ Cultural Competency Committee Report	
	▪ Clinical Issues – OMD Report	
	▪ Access Center Presentation	
	▪ Test Calls	
	▪ QI Work Plan 2012	
	QA	
	▪ Audits/Reviews	
	▪ EPSDT Audit Update	
	▪ Documentation Trainings	
	▪ BBS Licensed Professional Clinical Counselor	
	▪ QA Technical Assistance & Training	
	▪ Clinical Records – IBHIS Update	
	▪ QA Issues to Watch for: Consent of Minor, 99361/99362 MHSA/Lockouts and Annual Assessment	
V.	PRESENTATION:	11:00 AM
	Nina Johnson and Sukeda k. Day	
	From Los Angeles County Auditor Controller office	
VI.	COMMENTS	11:55 AM

Next meeting: January 17, 2012
St. Anne's Maternity Home
155 N. Occidental Blvd. /Classroom
LA, CA 90026
(213) 381-2931

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

SA 4 QIC Minutes

Type of Meeting	QIC	Date	November 15, 2011
Place	St. Anne's Maternity Home, 155 North Occidental Blvd., Los Angeles 90026	Start Time	10:30 a.m.
Co-Chairs	Alyssa Bray and Leah Carroll	Adjournment	Noon
Members Present	Alyssa Bray, Optimist; Anahid Assatourian, DMH; Leah Carroll, Lamp; Jose Reyes, Amanecer; Silvia Yan, APCTC; Donetta Jackson, ASC; Candace Sims, Sharon Moore and Nancy Tarin, Aviva; Sabrina Navarette, BHS; Steven Shoot, CHCADA; Maribel Nieves, Calif Hospital; Dick Stussser, Cedars, Leslie Shrager, Children's Bureau; Jennifer Rafeedie, CHLA; Mary Cifuentes, CII; Barbara Meyer, MAT; Lynne Burroughs, DTMH; Gail Myers, Eisner; Sophia Estrada, El Centro; Michelle Hernandez, ENKI; Nicole Salazar, Exodus; Charlotte Bautista, Gateways; Kameelah Wilkerson, Hathaway-Sycamores; Beth Foster, Hillsides; Lisa Harvey, EMQ; Dan Litov and James Pelk, IMCES; Nayon Kang, KYCC; Marilyn Limon, LA Child; Ian Stulberg, Lamp; Robert Carlin, NEMH; Gina Papa, Para Los Ninos; Kelly Heng, Project 180; Reza Khosrowabadi and Marianna Oganesyan, St. Anne's; Erica Lara, Star View; Oralia VanLeuven, Telecare; Jennifer Lingerfelter, 7 Generations; Susan Osborne, VIP; Tim Myer, DMH QI.		
Absent Members	AIDS Project, Didi Hirsch, HRA, HMHC, JFS, LA Gay & Lesbian Center, Pacific Clinics, Saban Clinic.		
Introductions	Completed by Chair Bray.		
Minutes Approval	Minutes approved but add Aviva as being in attendance.		
Announcements	Co-Chair Bray reminded everyone December would be dark. Our next meeting is in January 2012.		

QUALITY IMPROVEMENT			
<u>Agenda Item & Presenter</u>	<u>Findings and Discussion</u>	<u>Decisions/ and Recommendations Actions/Scheduled Task</u>	<u>Responsible Person/Due Date</u>
Cultural Competency Unit Co-Chair Bray Countywide QIC Room.	<p>Chair Bray stated that the Cultural Competency Unit has translated most of their forms; they only have four more languages to do and then they will distribute the forms.</p> <p>The next QI Countywide meeting is December 14 at 12:30 p.m. (one hour early for a potluck lunch). The meetings are held the second week of every month at 1:30 p.m. at 695 S. Vermont, 15th Floor Conference Room.</p>		
ACCESS	<p>Chair Bray said the ACCESS did a presentation on their unit. They want to remind everyone that they are not an Immediate Response. Please call 9-1-1 for emergencies. As a backup for the LAPD 9-1-1, they provided a Mental Evaluation Unit number: (213) 996-1334. Ask for Diana Hammond. This unit is available from 9:00 to 5:00 p.m. daily.</p> <p>If you only need police assistance, please call the station and ask for the Watch Commander.</p>		

<u>Agenda Item & Presenter</u>	<u>Findings and Discussion</u>	<u>Recommendations Actions/Scheduled Task</u>	<u>Decisions/ and Responsible Person/Due Date</u>
Co-Chair Bray	<p>Chair Bray gave some preliminary feedback on the test calls to ACCESS. A letter will be sent out later with all findings. FYI: They request that providers could be charged with some of the changes.</p> <p>The test calls are done annually. This year 98 calls were attempted and 89 calls were successful. 88% were satisfied with their calls and 70% were happy with the translation service (10 languages were represented). 56% of the calls were logged by ACCESS. There were a few dropped calls. Continued improvement by ACCESS is expected.</p> <p>Chair Bray said the State's letter dated November 7 is about an outcome measure survey. Providers need to conduct these surveys between December 5 - 9th. However, Los Angeles County is not participating in this survey. LA County is working with UCLA on their own beneficiary survey, which will happen in January /February 2012. DMH will send out a letter on this survey soon.</p>		

QUALITY ASSURANCE			
<u>Agenda Item And Presenter</u>	<u>Findings and Discussion</u>	<u>Decisions/ and Recommendations Actions/Scheduled</u>	<u>Responsible Person/Due Date</u>
		<u>Task</u>	
State Meeting Co-chair Bray	<p>Chair Bray said the State meeting was attended by DMH Outcome of that meeting:</p> <ol style="list-style-type: none"> 1. The State has suspended the EPSDT audit for 2012. This year will be blended with the Systems Review Audits, which is an extrapolation and will not be used in audits. <p>Audits will cover child and adult clients. The System Review includes program review for FY 2011-2012.</p> <p>The State DMH has a newsletter on their website which discusses TBS and has child manuals. TBS training will be handled by DHCS, which is revising the manuals and developing the trainings. This information will be posted next month.</p> <p>The transfer of Medi-Cal client to DHCS has begun, although the official date is June 2012. The funding does not change; the transition plans have been completed. DMH said things will not change, only the oversight by another department. DHCS has requested the records from DO clinics already.</p>		

<u>Agenda Item And Presenter</u>	<u>Findings and Discussion</u>	<u>Decisions/ and Recommendations Actions/Scheduled Task</u>	<u>Responsible Person/Due Date</u>
IBIS Update	<p>A vendor has been selected for the electronic records: Net Smart.</p> <p>DMH case consultation codes 99361 and 93362 will become invalid effective June 2012. These codes have a cap. DMH is trying to find an alternative code. They will advise providers in a bulletin of the new code.</p> <p>DMH has received questions about the LCPCC designation and the scope of their practice for insurance billing purposes. LA County and the courts have asked the State about the designation. A GAP examine will be upcoming. Some grandfathering will be made for some LCSW's.</p> <p>DMH is revising the Annual Assessment. Lockouts and MHSAs cannot be billed when a client is hospitalized.</p> <p>On November 30 there will be a documentation training for child providers. The training is full, but the next one will be in February. Contact Jen regarding adult documentation training.</p> <p>DMH will send out a bulletin regarding EBP strategy for coding. They are also revising their Question and Answer Worksheet for the CCP goals. This document needs a client signature.</p>		

<u>Agenda Item And Presenter</u>	<u>Findings and Discussion</u>	<u>Decisions/ and Recommendations Actions/Scheduled Task</u>	<u>Responsible Person/Due Date</u>
Auditor Controller Presentation on Contract Compliance	The QIC Countywide Consent for Services for minors is different than the CCC for those receiving Medi-Cal services.		
Sukeda Day and Nina Johnson	<p>This division of the Auditor Controller reviews different social services contracts with DMH and DO clinics. The purpose of their unit is increase Medi-Cal documentation criteria information.</p> <p>Documentation and findings encompass clinical skills and treatment planning. During the last three years, there were not as many treatments especially with the EBPs. However, treatment must be included in the Medi-Cal documentation. You need to have at least four hours (without breaks or lunch) when audited. They will provide some responses and will issue a report on these mental health audits.</p>		

<u>Agenda Item And Presenter</u>	<u>Findings and Discussion</u>	<u>Decisions/ and Recommendations Actions/Scheduled Task</u>	<u>Responsible Person/Due Date</u>
Auditor Controller Presentation on Contract Compliance Sukeda Day and Nina Johnson	<p>The Initial Assessment should document current symptoms not the client's history or behavior, which do not support the diagnosis. You need a picture of what the client is complaining about and more specifics. The client should be asked what is happening and what happened before they came to the clinic.</p> <p>You need to write the clinical symptoms (ask the client), and the functional impairment on the assessment. You have 60 days to complete the Assessment once you open a case.</p> <p>An Annual Assessment Update should be done on what worked and what did not and what is happening currently to support your diagnosis. NOS should only be used if there is no finding after an annual assessment.</p> <p>Assessments for children can be difficult; the CCCP is looking for an objective intervention for the services billed. A treatment must be included and signed by the client to show participation.</p>		

<u>Agenda Item And Presenter</u>	<u>Findings and Discussion</u>	<u>Decisions/ and Recommendations Actions/Scheduled Task</u>	<u>Responsible Person/Due Date</u>
Auditor Controller Presentation on Contract Compliance Sukeda Day and Nina Johnson	<p>A doctor and case manager can both bill for a treatment if the progress note indicates the case manager's service <u>reduced symptoms</u>, e.g. linkage to rehab services. The doctor can bill for medication support to reduce symptoms. Both must match the diagnosis.</p> <p>You cannot bill for transportation etc.; it does not reduce the symptom. During an intervention, providers fail to document the findings. There must be an objective in the progress notes. Write the note clearly and describe what type of <u>mental health</u> intervention was done toward reaching the goal, not how the client is feeling. Medi-Cal will reject the claim.</p> <p>Multiple services by more than one staff must be initiated by the staff and the note must state what that person did to reduce the symptom. Two different services could be med support and TCM. You also need to document the side effects, court authorization, informed consent for meds etc. on an annual basis.</p> <p>Resources such as a food basket etc cannot be billed unless absolutely needed. You need to assess what the client can do on his own; take a bus, apply for food stamps. The Auditor Controller will interview the client on this type of billing.</p>		

<u>Agenda Item And Presenter</u>	<u>Findings and Discussion</u>	<u>Decisions/ and Recommendations Actions/Scheduled Task</u>	<u>Responsible Person/Due Date</u>
Auditor Controller Presentation on Contract Compliance Sukeda Day and Nina Johnson	<p>Day treatment and rehab programs must be at least four hours plus in order to bill. Do not include when a client is seeing a therapist and having a break or lunch. There must be a signed sign-in sheet, and the client cannot leave early.</p> <p>Daily progress notes are required; interaction with others at the program is a good note. Document contact with a care giver at least monthly. Document transition of the client into the community. Documentation needs to have a clear audit trail. Indicate on the sign-in sheet the number of staff in attendance.</p> <p>Questions by the providers:</p>	<p>Approval for ongoing services over the 120 cap (code 99631 and 99632). Consultation between staff and outside teachers etc. has a limit by DMH. The cap is different for various services. You cannot bill for sitting time, only for your contribution. This is a DMH policy. You should not be reaching your cap on every client. If you are, you need to ask why?</p> <p>Can a CM write a quote of a client such as "I am depressed." You need to ask why and present a therapeutic intervention vs. a rehab program. Focus on the functional impairment and access to resources or refer the client back to his therapist.</p>	

<u>Agenda Item And Presenter</u>	<u>Findings and Discussion</u>	<u>Decisions/ and Recommendations Actions/Scheduled Task</u>	<u>Responsible Person/Due Date</u>
Auditor Controller Presentation on Contract Compliance	<p>If the client does not want to see a therapist and only wants medication support during a crisis, this is a clinic culture. You need to set limits for the client and have him seek treatment, not just medication support.</p>		
Sukeda Day and Nina Johnson	<p>You need to address mental health issues versus functional impairment. If no therapist is available, a physician or another staff can interview the client to meet due diligence. A negative thought process needs rehab for skill building; the client should be in therapy.</p>		

<u>Agenda Item And Presenter</u>	<u>Findings and Discussion</u>	<u>Decisions/ and Recommendations Actions/Scheduled Task</u>	<u>Responsible Person/Due Date</u>
Auditor Controller Presentation on Contract Compliance Sukeda Day and Nina Johnson	<p>Rehab is different from therapy. Keep your treatment objectives simple. Learn to write smart. The guidelines for your notes should be the client and what they need and how they are working out. Write realistic and specific goals for the client. Assessment of the client is important in deciding the objective.</p> <p>Staff should not have to write a mental health issue. Not going to school is not a mental health issue. Focus on the impairment and increasing skills versus decreasing symptom.</p> <p>A NOS diagnosis is not a time issue. You need to assess annually and change the chart when there is a change by the client. Use NOS in your annual assessment updates. If there is no diagnosis, NOS is considered a provisional diagnosis.</p> <p>If a client is depressed, but not fit a code, what is the predominant? The client will use XYZ behavior model vs. punching a wall. This is correct to use.</p>		

<u>Agenda Item And Presenter</u>	<u>Findings and Discussion</u>	<u>Decisions/ and Recommendations</u> <u>Actions/Scheduled Task</u>	<u>Responsible Person/Due Date</u>
Auditor Controller Presentation on Contract Compliance	<p>Is there a cutoff for Age Assessments? Zero to Five is the most important. Child v. TAY v. Adult should be addressed by Jen Eberle. A child requires a developmental assessment vs. an adult. The Auditor Controller is not strict on the assessment form used as long it is appropriate. A good assessment is important for the correct therapy.</p>		
Sukeda Day and Nina Johnson	<p>Linkage and consultation must connect. If you need to talk with the client about the linkage before beginning research. Do not bill for research (this is administrative).</p> <p>You may however write that you took the client to so and so to look see the housing or program. If the client then declines the linkage, you can still bill for the linkage.</p>		

<u>Next Meeting</u>	January 17, 2012

Respectfully submitted,

Alyssa Bray, Chair

Leah Carroll, Co-Chair



The image shows two handwritten signatures. The signature on the left is "Alyssa Bray" and the signature on the right is "Leah Carroll". Both signatures are written in black ink on a white background.

